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Testimony to House Health Care Committee: HB 2294

Greg Van Pelt, President, Oregon Health Leadership Council (OHLC)

Good afternoon, my name is Greg Van Pelt, President of the Oregon Health Leadership Council. The leadership council is a membership organization in partnership with the Oregon Business Council and 31 Oregon healthcare organizations, including all major health systems, commercial health plans, coordinated care organizations (CCOs), medical groups, the Oregon Association of Hospitals and Health Systems (OAHHS) and the Oregon Medical Association.

I am speaking today in support of HB 2294 as it relates to the work the OHLC has initiated and is now managing in partnership with the Oregon Health Authority (OHA) and its Office of Health Information Technology.

Though we have many important relationships with OHA, I will focus on the type of work we are doing and how this legislation enables us to do more in a public / private partnership that is essential to truly transform healthcare.

The Emergency Department Information Exchange

The Emergency Department Information Exchange (EDIE) is a Web-based communication technology that allows emergency departments (EDs) to communicate about patient visits in real-time. We know that inappropriate use of emergency departments is a significant driver of avoidable health care costs. The technology allows emergency department clinicians to identify patients with complex care needs who frequently use the emergency room for their care and who would be better served in a different setting.

When a patient visits an ED, that patient's visit information is automatically sent to EDIE through an interface with the hospital electronic health record. A notification summary of that patient's history and other care guidelines is sent back to the hospital immediately by the EDIE application if a patient has visited an ED five or more times in the last 12 months, or has visited more than three different EDs in the last two months. Real time notifications are also sent to patients' treating physicians as requested.



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EDIE improves communication among hospital Emergency Departments. It also provides the foundation for real-time delivery of crucial medical information to providers and others. PreManage is a complementary product to EDIE that allows the hospital event data housed in EDIE to be pushed to health plans, CCOs and provider groups on a real-time basis for their specified member or patient populations. Once notified, providers can use EDIE to access care guidelines and other vital information to better understand the patient's health situation. This translates to a better understanding of an emergency department patient's condition and improved care coordination once they leave the ED.

Hospital Adoption Status

The OHLC worked with OHA, OAHHS, Oregon hospitals' emergency department staff and other community partners to implement EDIE across the state. As of December 31, all but five Oregon hospitals are operational, sending outbound data to the EDIE system and receiving emergency department notifications. A detailed EDIE implementation progress report is available on the OHLC website, and is sent monthly to EDIE stakeholders throughout the state.

The EDIE Utility Description

The EDIE technology provides a common infrastructure that provides value across the health care system. In July 2014, the OHLC approved a business plan (available on the OHLC website) for the expansion and financing of EDIE, called the "EDIE Utility."

The EDIE Utility is a three-year pilot, and is financially supported by 11 commercial health plans, OHA on behalf of the 16 CCOs, and 55 hospitals. It is governed by the EDIE Utility governance committee, whose members represent CCOs, commercial health plans, hospitals, emergency physicians, medical groups and OAHHS. OHA is a co-sponsor of the Utility, provides staff support, and is participating as an ex-officio member of this governance committee. With the passage of HB 2294, OHA can become a formal voting member.

OHA's partnership and HB2294

This statewide effort has been made possible through the partnership of OHLC, its members, the Oregon Chapter of the American College of Emergency Physicians and the leadership of OHA's Office of Health Information Technology. OHA's partnership was critical in launching the first phase of this effort—providing leadership, staff support, and matching grant funding to obtain the commitment of hospitals across Oregon. As we moved into the EDIE Utility and sought



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broad support across all stakeholders, OHA led the coordination and outreach to all CCOs in the state to obtain their support. Finally, OHA obtained federal match to provide the Medicaid share of funding to sustain the EDIE Utility's operation for three years to prove its value.

We see this as the first of many future opportunities to work together. As our health care stakeholders continue to adopt risk sharing relationships, it will be critical for them to rely on technology tools such as EDIE, to support critical transitions from hospital care, manage population health, coordinate care across sectors, and account for health outcomes.

HB 2294 provides both practical and strategic authority to OHA to advance these types of partnerships. Many opportunities are on the horizon that will benefit from partnerships including: leveraging EDIE technology to support clinical process improvements for issues like opioid prescription management; a provider directory for streamlined communication; common credentialing and other administrative simplification efforts; and aligning research and operational data reporting to advance the coordination of healthcare that is evolving in our state.

Thank you for the opportunity to provide testimony on this important topic.

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